

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>8/25/05</u>		2 Serial/Patent # <u>10/528,044</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other		<u>3-16-05</u>	<u>\$ 50.00</u>
		7 TOTAL AMOUNT OF REFUND		<u>\$ 50.00</u>
		8 TO BE REFUNDED BY:		
10 REASON:		<input checked="" type="checkbox"/>	Treasury Check	
<input checked="" type="checkbox"/>	Overpayment	<input type="checkbox"/>	Credit Deposit A/C #:	
<input type="checkbox"/>	Duplicate Payment	9	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> No Fee Due (Explanation):				
<u>Fee Code Correction</u>				
<div style="float: right; text-align: right;"> completed <u>8-29-05</u> </div>				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>B.A.C</u>		TITLE: _____		
SIGNATURE: <u>BAC</u>		PHONE: _____		
OFFICE: <u>PCT/PA/EO</u>		<small>Refund Ref: 88/22/2005 RCOMPRI 8880147857</small>		
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: <u>[Signature]</u>		CHECK Refund Total: <u>\$50.00</u>		
		DATE: <u>8-29-05</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:



Refunded Payment

Payment from check no.: 011443

Bank Routing Code: 042200295

Acct No.: XXXXXXXXXX345

Check Refund

Number: Hold Date: 08/26/2005

Amount: 50.00

Treas Check No:

Refund Cat: NONGOVNMNT

Status: INPROCSS

Issue Method

☐ Electronic

☒ Paper

PCT Code

☐ WIPO

☐ EPO

☐ None

Fee Cd:

Name/Number: 10528044

Mailing Address

Payee Name: DINSMORE & SHOHL, LLP

Attention:

Street:

ONE DAYTON CENTRE

ONE SOUTH MAIN STREET

SUITE 1300

City: DAYTON

Province:

State:

OH

Country:

US

Postal Code:

45402

Tax Identification No:

BCAMPBEL

08/26/2005

Enclosure Text

MAILROOM DATE: 03/16/2005

NAME/NUMBER: 10528044

ATTY DOCK #/TRADEMARK: BES 0009 PB

AMOUNT REFUNDED: 50.00

OVERPAYMENT FOR A SERVICE

FOR QUESTIONS RELATING TO REFUND, CONTACT

BARBARA CAMPBELL - 703 308-91 40 EXT.217

08/26/2005

